SOS APA Form 001

Mississippi Secretary of State

		., P. O. Box 136, Jackson, MS 39	9205-0136	
ADMINISTRATIVE PROCEDURES	NOTICE FILING			
AGENCY NAME Mississippi Department of Mental Health,		CONTACT PERSON Misty Bell	TELEPHONE NUM 601-359-6247	BER
Bureau of Alcohol and Drug Services		Whisty ben	001 003 0411	
ADDRESS		CITY	STATE 💉	ZIP
239 North Lamar Street, Suite 801		Jackson	MS	39206
EMAIL	SUBMIT	Name or number of rule(s):	where and of Manual Hanlth Burgar	
Misty.Bell@dmh.ms.gov	DATE 6/28/2016	COMPILATION Title 24 Part 10: Department of Mental Health, Bureau of Alcohol and Drug Services State Plan FY 2016-2017.		
Short explanation of rule/amendment, The Bureau of Alcohol and Drug Services is fi Specific legal authority authorizing the	ling the FY: 2016-201	7 State Plan for the purposes of public	ent/repeal: c review and public comment.	
The public mental health system in Mississippi Mississippi Legislature, Regular Session. The cre 41-4-1 through 41-4-23. The DMH, Bureau of A prevention, treatment, and rehabilitation of pe is a recipient of the Substance Abuse Preventio Subpart L) is required to publish the State Plan List all rules repealed, amended, or sus	is administered by the eation, organization, ar Icohol and Drug Servic rsons with substance un and Treatment Block to the Secretary of Sta	Mississippi Department of Mental Hea ad duties of the DMH are defined in the es (BADS) is responsible for the admini se disorder problems, including state ' Grant and according to Title 45 Code of te.	e annotated Mississippi Code of 1 stration of state and federal fund Three-Percent Alcohol Tax funds (972 under Sections is utilized in the for DMH. The BADS
NONE	pended by the pre	poseu ruie.		
ORAL PROCEEDING:				
An oral proceeding is scheduled for	this rule on Date	e: <u>7/21/16</u> Time: <u>9am</u> Place: <u>D</u>	MH Board Meeting	
Presently, an oral proceeding is not				
If an oral proceeding is not scheduled, an oral pr ten (10) or more persons. The written request s notice of proposed rule adoption and should inc agent or attorney, the name, address, email add comment period, written submissions including	hould be submitted to lude the name, address ress, and telephone nu	the agency contact person at the above , email address, and telephone number mber of the party or parties you repres	address within twenty (20) days a of the person(s) making the requent. At any time within the twent	ofter the filing of this est; and, if you are an y-five (25) day public
ECONOMIC IMPACT STATEMENT:				
⊠ Economic impact statement not re-	quired for this rule	. Concise summary of ed	conomic impact statement	attached.
TEMPORARY RULES	PROPO	SED ACTION ON RULES	FINAL ACTION O Date Proposed Rule Filed:	
Original filing	Action prop	osed:	Action taken:	
Renewal of effectiveness	X New rule(Adopted with no changes in text	
To be in effect in days	Ame	ndment to existing rule(s)	Adopted with changes	
Effective date:	The second secon	al of existing rule(s)	Adopted by referenc	е
Immediately upon filing		tion by reference	Withdrawn	
Other (specify):		al effective date:	Repeal adopted as pr	oposed
	X 30 days af		Effective date: 30 days after filing	
	Otne	(specify):	Other (specify):	
Printed name and Title of person a Signature of person authorized to f		rules: Cynch Fur		AHorney
Signature of person authorized to i		WRITE RELOW THIS HAF		-

OFFICIAL FILING STAMP

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JUN 2 8 2016

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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.